



**Washington State Department of Transportation**  
Motor Carrier Services  
921 Lakeridge Way SW  
PO Box 47367  
Olympia, WA 98504-7367

# Oversize/Overweight Vehicle Permit Application

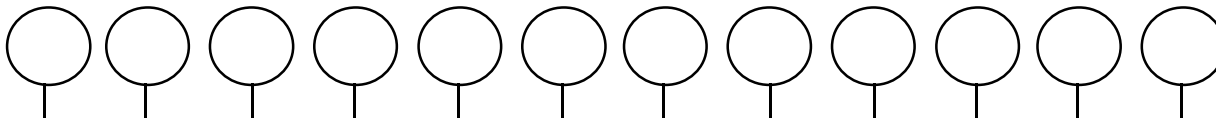
\*\*\* Same Day Service Not Guaranteed if Received After 4:00 PM \*\*\*

Company Name			Contact Name		DOT #
Street Address			Phone (With Area Code)		Permit Start Date
City	State	Zip Code	Fax (With Area Code)		Permit End Date
License Number		Transponder Number		VIN Number	
Make			Year	Base State	Unit #

<b>LOAD DESCRIPTION</b>	<input type="checkbox"/> Tractor/Trailer (Connected by 5th Wheel) <input type="checkbox"/> Truck/Trailer (Connected by Hitch) <input type="checkbox"/> Single Vehicle
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Power Unit # of Axles	Trailing Unit # of Axles	Gross Weight	Legal Weight Cap.	Reg. / Licensed Weight	Axle Spacing Report #
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**Overweight Only:** Give axle spacing measured from center of axle to center of axle in feet and inches and number of tires per axle.



Tire Size on Steer Axle	Lift Axle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which Axle?	Tire Size?	<input type="checkbox"/> Single <input type="checkbox"/> Dual	Self Steering? <input type="checkbox"/> Yes <input type="checkbox"/> No
Width	Height	Total Overall Length	Trailer/Load Length	Front Overhang	Rear Overhang

Origin	Destination	# of Miles
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**Routes of Travel** (State Highways with mileposts for single trip oversize/overweight required.)

Highways	Beginning MP	Ending MP

Highways	Beginning MP	Ending MP

County Road Miles \_\_\_\_\_

Return Trip? ☐ Yes ☐ No

Bankcard #		Expiration Date
Print Name as it Appears on Credit Card		Signature
E-mail Address		Date

**FOR OFFICE USE ONLY**

Permit No. \_\_\_\_\_  
Amount \_\_\_\_\_

**Motor Carrier Services • Phone 360-704-6340 • Fax 360-704-6350**